

# 2019 Soaring Wings Half Marathon

Saturday, October 19, 2019 at 7:00 AM, Conway, Arkansas

## Participant Registration

**Category** (circle one):    **Runner**    **Walker**    **Wheelchair**  
**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_  
**Phone#:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_      **Text for Personalized Bib:** \_\_\_\_\_

**Age on 10/19/19:** \_\_\_\_\_    **Gender:**    **Male**    **Female**  
**Shirt Size:**    **Unisex:**    **S**    **M**    **L**    **XL**    **XXL**    **XXXL**  
                          **Ladies Cut:**    **XS**    **S**    **M**    **L**    **XL**    **XXL**  
                          **Youth:**    **S**    **M**    **L**    **XL**

**Emergency Contact Name:** \_\_\_\_\_  
**Emergency Contact #:** \_\_\_\_\_

### Liability Waiver and Refund Policy

Please read the release of liability waiver below carefully.

I know that running in a race is a potentially hazardous activity. I should not enter and run in this race unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I fully understand that the race route will be conducted on roadways with active traffic. I assume all risks associated with running in the race including, but not limited to falls, contact with other participants, the effects of the weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. I also understand that there will be no refund should the race be cancelled due to unforeseen circumstances which would have life and/or health threatening effects on participants and volunteers. Having read this waiver and knowing these facts, and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the race committee, supporting organizations, Soaring Wings Ranch, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in the race and/or race activities even though liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose. EVENT REGISTRATION IS NON-REFUNDABLE.

Sign to acknowledge that you have read, understand and agree to the above waivers and policies

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent or guardian signature** *if under 18* \_\_\_\_\_ **Date** \_\_\_\_\_

<p><b>Fees:</b> Thru June 1 <b>\$60</b> June 2 – Sept. 1 <b>\$70</b> Sept. 2-October 15 <b>\$80</b></p>
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**\*Registrations are non-transferrable**

**No race day registration.**

**Make Checks Payable to:** Soaring Wings Marathon

**Mail Registration to:** SW Marathon, PO Box 1670, Conway, Arkansas 72033

**www.swhalf.com**